2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2005 08:00 AM Secretary of State

SOOR NO CEAN DR. APT. 190 SINGER ISLAND, FL 33404 SINGER ISLAND, FL 34404 SINGER ISLAND,	DOCUMENT # P01000020708 1. Entity Name MOLIER OF FLORIDA, INC. Principal Place of Business Mailing Address					Secretary of State				
Suite Apt #, etc	3000 N. OCEAN DR., APT. 19D 3000 N. OCEAN DR., APT					# *********	I Sefel lish sem wall s		ntiskalı (f. 1218)	
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S. Semicratories of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURAN, ALFREDO G 2801 S. BAYSHORE DR., STE. 1400 MIAMI, FL 33133 City File Required Oity File North Address (P.O. Box Number is Nox Acceptable) City File Street Address (P.O. Box Number is Nox Acceptable) File North State of Florida, I am familiar with, and acceptable of the obligations of registered sight SIGNATURE File Now!!! FFE 18 \$150.00 Due by September 7, 2005 Trusf Fund Contribution OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 File North State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of Flori	City & State		City & State			ł		h	oplied For ot Applicable	
DURAN, ALFREDO G 2601 S. BAYSHORE DR., STE. 1400 MIAMI, FL 33133 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submityshis signement for the gurpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the profession of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the profession of registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the profession of registered agent, or registered agent, or both, in the State of Florida, I am familiar with, and acceptable of the profession of registered agent, or registere	Zip				γ			Fee Require		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	-	Name	7. Name and	Address of New	Registered Agent			
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FILE NOWI!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campalan Financing Trust Fund Contribution Added to Fees	the obligations of registered agent W									
Trus Fund Contribution		Signature, typed or printed name of registered agent	and title if applicable (NO	TE Registered	Agent signature required	d when reinstating)	T	DATE		
TITLE	The state of the s						In accordance corporation di	with s. 607.193(2)(b), d not receive the prior	F.S., the notice.	
STREET ADDRESS CITY-ST-ZIP Change						ADDITIONS				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ### AUGISTORY OF THE CONTROL OF THE										